

RECEIVED  
CENTRAL FAX CENTER

NOV 23 2005

Law Offices of

SENNIGER POWERS

One Metropolitan Square, 16th Floor  
St. Louis, Missouri 63102Telephone (314) 231-5400  
Facsimile (314) 231-4342

## FACSIMILE TRANSMITTAL COVER SHEET

DATE: 11/23/05 FILE NUMBER: MS#183195.1 (4967)  
PTO FACSIMILE NUMBER: 571-273-8300PLEASE DELIVER THIS FACSIMILE TO: Mail Stop RCE  
THIS FACSIMILE IS BEING SENT BY: Robert O. Enyard, Jr.  
NUMBER OF PAGES: 4 INCLUDING COVER SHEETTIME SENT: \_\_\_\_\_ OPERATOR'S NAME Jessica Dunn

## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to  
the Patent and Trademark Office on the date shown below.Jessica Dunn  
Typed or printed name of person signing certification[Signature] November 23, 2005  
Signature DateType of paper transmitted: Request for Continued ExaminationApplicant's Name: Rajasekhar AbburiSerial No.: 10/061,656 Examiner: G. GauthierFiling Date: 02/01/02 Art Unit: 2645 Confirmation No.: 1819Application Title: AUDIO MESSAGING SYSTEM AND METHODIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS  
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

MS# 183195.1 (4967)

PATENT

RECEIVED  
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

NOV 23 2005

Application of Rajasekhar Abburi  
Serial No. 10/061,656  
Filed February 1, 2002  
Confirmation No. 1819  
For AUDIO MESSAGING SYSTEM AND METHOD  
Examiner Gerald Gauthier

Art Unit 2645

November 23, 2005

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL

TO THE COMMISSIONER FOR PATENTS,

SIR:

This is a Request for Continued Examination (RCE) under 37  
C.F.R. §1.114 of the above-identified application.

## 1. REQUIRED SUBMISSION:

- a. ☒ Previously submitted
  - i. ☒ Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on September 22, 2005
  - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
  - iii. ☐ Other \_\_\_\_\_
- b. ☐ Enclosed
  - i. ☐ Amendment/Reply
  - ii. ☐ Affidavit(s)/Declaration(s)
  - iii. ☐ Information Disclosure Statement
  - iv. ☐ Other \_\_\_\_\_

## 2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; fee required)
- b. ☐ Other \_\_\_\_\_

## 3. FEES (Required when the RCE is filed)

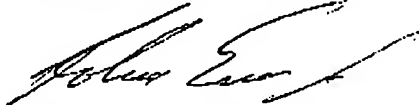
- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 19-1345. A duplicate copy of this sheet is enclosed for fee processing.
  - i. ☒ RCE fee required under 37 C.F.R. §1.17(e)

MS# 183195.1 (4967)  
PATENT

- ii. ☒ Extension of time fee  
iii. ☐ Other \_\_\_\_\_

- b. ☐ Check in the amount of \$\_\_\_\_\_ is enclosed. The Commissioner is hereby authorized to charge any underpayment or credit any overpayment to Deposit Account No. 19-1345.

Respectfully submitted,



Robert O. Enyard, Jr. , Reg. No. 57,780  
SENNIGER POWERS  
One Metropolitan Square, 16th Floor  
St. Louis, Missouri 63102  
(314) 231-5400

ROE/jmd

By Facsimile to Mail Stop RCE

FEE TRANSMITTAL

Application Number 10/061.656 Art Unit 2645  
Filing Date February 1, 2002 Confirmation No. 1819  
Inventor(s) Rajasekhar Abburi  
Examiner Name Gerald Gauthier  
Attorney Docket Number MS#183195.1 (4967)

☐ Applicant claims small entity status.


METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_
2. ☐ EXCESS CLAIM FEES
- Total Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$0.00  
Indep Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$0.00  
Multiple Dependent Claims Fee \$ \_\_\_\_\_  
(HP = highest number of claims paid for)
- Subtotal (2) \$0.00
3. ☐ APPLICATION SIZE FEE
- Total Pages N/A - 100 = NaN + 50 = 0 x \$250 = \$0.00  
(Application + Drawings) (round up to whole #)
- Subtotal (3) \$0.00
4. ☒ OTHER FEE(S)
- ☒ one (1) month extension of time  
☐ Information disclosure statement  
☐ 37 CFR 1.17(q) processing fee  
☐ Non-English specification  
☐ Notice of Appeal  
☐ Filing a brief in support of appeal  
☐ Request for oral hearing  
☒ Other: Request for Continued Examination
- Subtotal (4) \$910.00

TOTAL AMOUNT OF PAYMENT \$910.00

  
Robert O. Enyard, Jr.  
Reg. No. 57,780

11/23/05  
Date  
Telephone: 314-231-5400

ANC/tmd

By Facsimile: 571-273-8300